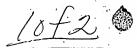


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## ILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. . . . TOTAL TOTAL TOTAL DEP. TOTAL DEP. TOTAL.

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•MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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